PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (If required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patient, advance orders and notification of maintenance fees will be mailed to the current correspondence address

for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 45979					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must		
P.O. Box 1247						0 10 1 11	
Seattle, Washington			ereby certify low.	Certificate of Mailing or that this Fee(s) Transmittal is	being e-filed on the date indicated		
				Г	Arcelie	Grapes	(Depositor's name)
					7	WILL	(Signature)
					Novem	ber 10, 2010	(Date)
APPLICATION NO.	PPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		R	ATTORNEY DOCKET NO). CONFIRMATION NO.
10/780,547	02/17/2004	Micha		ael Crider		418268006US	7461
TITLE OF INVENTION	METHOD ANI DESCRIPTIO		FOR SEP	ARATION OF	CONTEN	IT AND LAYOUT DEFI	NITIONS IN A DISPLAY
APPLN. TYPE	SMALL ENTITY	ISSUE	FEE	PUBLICAT	ION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	no	\$1,510.00		\$300	.00	\$1,810.00	11/10/2010
EXAMINER		ART UNIT		CLASS-SU	BCLASS		
M. Ngu	76						
1. Change of correspondence address or indication of 'Fee Address' (73 CFR. 1363). Change of correspondence address (or Change of Correspondence Address Srm PTO/SBI/122) attached. "Fee Address' indication (or 'Fee Address' Indication from TPO/SBI/128 VIII or On more recent) attached. 3. ASSIGNEE NAME AND RESIDENCE DATA TO DE PRIN.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent of attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name will be printed. TEREON THE PATENT (orint or type)				
PLEASE NOTE: Unles	s an assignee is identific orth in 37 CFR 3.11. Co	ed below, no as	ssignee data v s form is NO	will appear on th T a substitute fo	ne patent. If a		v, the document has been filed
Microsoft Corporation Redmond, Washington							
Please check the appropriate		ories (will not be	·	· · ·	Individual	X Corporation or other privat	e group entity Government
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
x Issue Fee	A check in the amount of the fee(s) is enclosed.						
X Publication Fee (No small entity discount permitted) Payment by EFT Account SEAIPIRM is hereby authorized.							
Advance Order -#	of Copies			Director is hereb sit Account Nur		by charge the required fee(s) 50-0665	, or credit any overpayment, to
5. Change in Entity Stat	tus (from status indicate	d above)					
a. Applicant clain	ns SMALL ENTITY sta	tus. See 37 CF	R 1.27.	b. Applican	t is no longer	claiming SMALL ENTITY	status. See 37 CFR 1.27(g)(2).
The Director of the USPTO: NOTE: The Issue Fee and P interest as shown by the reco	ublication Fee (if require	d) will not be a	ccepted from	(if any) or to re-s anyone other tha	apply any pre- n the applicar	viously paid issue fee to the app nt; a registered attorney or ages	olication identified above. nt; or the assignee or other party in
	711/11	441	Di	-5		Day May	ember 10, 2010
Authorized Signature	Thurs	July	1-4-	~		DateNov	ember 10, 2010